

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000001320

FILED
Oct 12, 2009
Secretary of State

Entity Name: LEMON BAY MEDICAL FACILITIES, L.L.C.

Current Principal Place of Business:

1885 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1885 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 64-1088088 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BASSETTI, KAREN
1885 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN BASSETTI, DO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: D () Delete
Name: LOGAN, STEPHEN
Address: 8255 MANASOTA KEY RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: BASSETTI, KAREN
Address: 2140 W. DOPHIN DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: SHARMA, OM
Address: 144 BRANDYWINE CIR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAREN BASSETTI, DO

D

10/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date